

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90048 048 ***150.00

DOCUMENT # P99000111352

1. Entity Name

ALL STAR MOBILITY, INC.



Principal Place of Business

111 E. LADY LAKE BLVD
LADY LAKE FL 32159

Mailing Address

111 E. LADY LAKE BLVD
LADY LAKE FL 32159

94011805



MOORE CR2E034 (11/03)

All Star Mobility, Inc.
4015 S. Westshore Blvd. #4
Tampa, FL 33611

All Star Mobility, Inc.
4015 S. Westshore Blvd. #4
Tampa, FL 33611

4. FEI Number 65-0969768

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNUDSEN, MARCIA A
2526 CR 214
OXFORD FL 32159

7. Name and Address of New Registered Agent

Name Wonicker, Karl
Street Address (P.O. Box Number is Not Acceptable)
4015 S. Westshore Blvd. #4
City Tampa FL Zip Code 33611

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karl Wonicker
Signature, typed or printed name of registered agent and title if applicable.

owner

(NOTE: Registered Agent signature required when reinstating)

2-2-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME WONICKER, KARL O
STREET ADDRESS 2043 ESTEY AVENUE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE P
NAME KNUDSEN, MARCIA A
STREET ADDRESS 2526 CR 214
CITY-ST-ZIP OXFORD FL 32159 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Wonicker, Karl O
STREET ADDRESS 4015 S. Westshore Blvd. #4
CITY-ST-ZIP Tampa, FL 33611 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karl Wonicker owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

Date

813-831-9222

Daytime Phone #